

22 APR 2005
10/532350

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35USC § 371 (c) (4)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

PROTECTION DEVICE AGAINST VOLTAGE SURGES WITH MOBILE ELECTRODE

described and claimed in the international application number: PCT/FR2003/02885 filed 2 October 2003

and as amended on (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a) and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows :

French Application

02/13378 filed October 25.2002

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119,

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; Laurence D. Eisen, Reg. N°41,0009.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805,
Telephone: (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of
Sole or First Inventor

1-00
Eric
Given Name

Middle Initial

DOMEJEAN

Family Name

*4 Inventor's Signature

5 Date of Signature

February 22.2005

6 Residence

VOREPPE

FRANCE

City

State or Province

Country

7 Citizenship

French

8 Post Office Address

(Insert complete mailing
address, includ. country)

106 rue du Côteau -38340 VOREPPE - France

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE



PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

PCT/PTO 22 APR 2005
10/532350

3 Typewritten Full Name of Second Joint Inventor (if any) Robert DICONNE 10/532350
Given Name Middle Initial Family Name

*4 Inventor's Signature _____

5 Date of Signature February 22.2005

6 Residence SASSENAGE FRANCE
City State or Province Country

7 Citizenship French

8 Post Office Address 18, rue Ondine - F38360 SASSENAGE - France
(Insert complete mailing address, includ. country) FRANCE

3 Typewritten Full Name of Third Joint Inventor (if any) _____
Given Name Middle Initial Family Name

*4 Inventor's Signature → _____

5 Date of Signature → _____

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, includ. country) _____

3 Typewritten Full Name of Fourth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

*4 Inventor's Signature → _____

5 Date of Signature → _____

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, includ. country) _____

3 Typewritten Full Name of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

*4 Inventor's Signature → _____

5 Date of Signature → _____

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, includ. country) _____

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

** This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.